

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD—  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

| PLACE OF BIRTH   |                | ARIZONA STATE BOARD OF HEALTH  |            |
|--|----------------|--|------------|
| 1. County of   | <u>Miami</u>   | BUREAU OF VITAL STATISTICS   |            |
| District of  | <u>Arizona</u> | ORIGINAL CERTIFICATE OF BIRTH  |            |
| Town of  | <u>Arizona</u> | State Index No.  | <u>177</u> |
| or   |                | County Registrar No.   | <u>246</u> |
| City of  |                | Local Registrar No.  |            |
| 2. Full name of child  |                | (If birth occurred in a hospital or institution, give its NAME instead of street and number) |            |
| <u>Jesus Trieto</u>  |                |  |            |
| 3. Sex of Child  |                | 6. Legitimate?   |            |
| <u>Female</u>  |                | <u>yes</u>   |            |
| To be answered ONLY in event of plural births.   |                | 7. Date of birth   |            |
| 4. Twin, triplet or other  |                | <u>Month</u> <u>Day</u> <u>Year</u>  |            |
| <u>Twin</u>  |                | <u>Mch</u> <u>27</u> <u>1924</u>   |            |
| 5. No., in order of birth  |                |  |            |
| <u>1st</u>   |                |  |            |
| 8. FATHER  |                | 14. MOTHER   |            |
| Full name  |                | Full maiden name   |            |
| <u>Juan Trieto</u>   |                | <u>Juana Sanchez</u>   |            |
| 9. Residence (Usual place of abode)  |                | 15. Residence (Usual place of abode)   |            |
| <u>Miami</u>   |                | <u>Miami</u>   |            |
| If nonresident, give place and state   |                | If nonresident, give place and state   |            |
| <u>Ariz.</u>   |                | <u>Ariz.</u>   |            |
| 10. Color or race  |                | 16. Color or race  |            |
| <u>Mex</u>   |                | <u>Mex.</u>  |            |
| 11. Age at last birthday   |                | 17. Age at last birthday   |            |
| <u>34</u> (Years)  |                | <u>29</u> (Years)  |            |
| 12. Birthplace (city or place) (State or country)  |                | 18. Birthplace (city or place) (State or country)  |            |
| <u>Zacatecas</u>   |                | <u>Zacatecas</u>   |            |
| <u>Mex</u>   |                | <u>Mex.</u>  |            |
| 13. Occupation Nature of industry  |                | 19. Occupation Nature of industry  |            |
| <u>Miner</u>   |                | <u>Housewife</u>   |            |
| 20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)  |                | 21. Were precautions taken against ophthalmia neonatorum?                                    |            |
| (a) Born alive and now living <u>6</u>   |                | <u>yes</u>   |            |
| (b) Born alive but now dead <u>0</u>   |                |  |            |
| (c) Stillborn <u>0</u>   |                |  |            |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  |                |  |            |
| I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>5 A.M.</u> on the date above stated.   |                |  |            |
| (Born alive or stillborn.)   |                |  |            |
| *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. |                | Signature <u>Byrd M. Brown</u>   |            |
|  |                | (Physician or midwife)   |            |
| Given name added from a supplemental report  |                | Address <u>Miami, Arizona</u>  |            |
| Month, day, year.  |                | Filed <u>Mch 31</u> <u>1924</u>  |            |
| Registrar.   |                | Filed <u>4-5</u> <u>1924</u>   |            |
|  |                | Local Registrar.   |            |
|  |                | County Registrar.  |            |

136-327-179